

**720** 41A720 Revenue Cabinet

## Kentucky Corporation Income and License Tax Return

(S Corporations Use Form 720S)

2000

Taxable Year Ending

| >  | See separate instructions.        | Taxable period beginning  |                  |           | 200   | 0, and ending            | <b>C</b> Ker | M M Y Y                           |   |                                 |  |  |
|--|-----------------------------------|---|------------------|-----------|---|--------------------------|--------------|-----------------------------------|---|---------------------------------|--|--|
| A Check applicable box(es). Income Tax Return                      |                                   | Identification Number   |                  |           |   |                          | ount Number  |                                   |   |                                 |  |  |
|  |                                   |   |                  |           |   |                          |              |                                   | *************************************** |                                 |  |  |
| i  | Separate entity Consolidated      | Name of Corporation or Affiliated Group (Place preaddressed label here; otherwise print or type.) |                  |           |   |                          |              |                                   |   | State and Date of Incorporation |  |  |
| j  | Return not required               |   |                  |           |   |                          |              |                                   |   |                                 |  |  |
| E  | Enter code                        | Number and Street   |                  |           |   |                          |              | Principal Business Activity in KY |   |                                 |  |  |
| Į  | License Tax Return                | City  | 71D (            | Code      |   | Telephone Number         |              | Kentucky Business Code No.        |   |                                 |  |  |
| [  | Separate entity                   | City  | State            | ZIF       | Joue  |                          | relephon     | e Number                          | Keritucky                               | business code No.               |  |  |
|  | Consolidated  Return not required | <b>D</b> Name of Common Parer   | ıt .             |           |   |                          | Kentucky     | Account Number                    | Federal Bi                              | usiness Code Num                | nber   |  |
|  | Enter code                        |   |                  |           |   |                          | no.naony     | 7.0004.11.744.11.20.              | , odora, b                              | 2011000 0000 1 <b>10</b> 111    | .20.   |  |
|  | Check if applicable               | e: 🔲 LLC 🔲 Ini  | tial return      | Final     | retu  | ırn 🔲 🤉                  | Short-per    | iod return                        | Char                                    | nge of name/a                   | ddress   |  |
| _  |                                   | TAXABLE INCOME CON  |                  |           | 15.   |                          | •            | t                                 |   |                                 |  |  |
| 1.   | Federal taxable incor             | me (Form 1120, line 28;   |                  |           | 16.   | Credited to 20           | 000 license  | tax                               |   |                                 |  |  |
|  | Form 1120A, line 24)              |   |                  |           | 17.   | Credited to 20           | 001          |                                   |   |                                 |  |  |
| AD   | DITIONS:                          |   |                  |           | 18.   | Amount to b              | e refunde    | d                                 |   |                                 |  |  |
| 2.   | Interest income (state            | e and local obligations)  |                  |           |   | P                        | ART III—     | LICENSE TAX (                     | COMPUTA                                 | ATION                           |  |  |
| 3.   | State taxes based on              | net/gross income  |                  |           | 1.  | Capital stock            |              |                                   |   |                                 |  |  |
| 4.   | Safe harbor lease adj             | justment  |                  |           | 2.  | Computation              | of surplus   |                                   |   |                                 |  |  |
| 5.   | Deductions attributal             | ble to nontaxable income .  |                  |           |   | (a) Total asse           | ts           |                                   |   |                                 |  |  |
| 6.   | Other (attach schedu              | le)   |                  |           |   | (b) Less debt            |              | (                                 | )                                       |                                 |  |  |
| 7.   | Total (add lines 1 thr            | ough 6)   |                  |           |   | (c) Net assets           | S            |                                   |   |                                 |  |  |
| SU   | BTRACTIONS:                       |   |                  |           |   | (d) Less capit           | al stock     | (                                 | )                                       |                                 |  |  |
|  | •                                 | obligations)  |                  |           | 3.  | •                        |              | d)                                |   |                                 |  |  |
|  |                                   |   |                  |           | 4.  | •                        |              | ompanies                          |   |                                 |  |  |
|  |                                   | unity credit  |                  |           | 5.  |                          |              |                                   |   |                                 |  |  |
|  | •                                 | justment  |                  |           | 6.  |                          |              |                                   |   |                                 | <del>                                     </del> |  |
|  |                                   | le)   |                  |           | 1   | -                        |              | for inventory                     |   |                                 | )  |  |
|  |                                   | ss lines 8 through 12)  |                  |           | 1   |                          |              | tion                              |   |                                 | )  |  |
| 14.  | Taxable net income (              | •   |                  |           |   | •                        |              | nes 1 and 3 throu                 |   |                                 | 0/   |  |
| 45   |                                   |   |                  |           | 10.   |                          |              | attach Sch. A if appl             |   |                                 | <u> </u>   |  |
|  |                                   | eduction  |                  |           | 1   |                          |              | t to tax                          |   |                                 | <del>                                     </del> |  |
| 16. Taxable net income (after NOLD) PART II—INCOME TAX COMPUTATION |                                   |   | LITATION         |           | 12. Tax before credit (line 11 multiplied by .0021)  13. License tax credit (maximum \$490) |                          |              |                                   |   |                                 |  |  |
|  |                                   | see instructions)   | UTATION          |           | 1   |                          |              | imum \$30)                        |   |                                 |  |  |
|  | - ·                               | ent tax credits   |                  |           | 1   |                          | •            | nd tax credit                     |   |                                 | <del>                                     </del> |  |
|  |                                   | redit   |                  |           | 1   | ,                        |              | ructions)                         |   |                                 | _  |  |
|  |                                   | g equipment tax credit  |                  |           | 1   |                          |              |                                   |   |                                 |  |  |
|  |                                   | credit  |                  |           | 1   |                          |              |                                   |   |                                 | <del>                                     </del> |  |
|  |                                   | redit   |                  |           | 1   |                          | -            |                                   |   |                                 |  |  |
|  | •                                 | fund tax credit   |                  |           | 1   |                          |              | t (Part II, line 16)              |   |                                 |  |  |
|  | •                                 | edit  |                  |           | 1   |                          |              |                                   |   |                                 |  |  |
| 9.   | Net income tax liabil             | ity   |                  |           | 22.   | License tax or           | verpaymen    | ıt                                |   |                                 |  |  |
| 10.  | Estimated payments                |   |                  |           | 23.   | Credited to 20           | 000 income   | tax                               |   |                                 |  |  |
| 11.  | Extension payment                 |   |                  |           | 24.   | Credited to 20           | 001          |                                   |   |                                 |  |  |
| 12.  | Prior year's credit               |   |                  |           | 25.   | Amount to b              | e refunde    | d                                 |   |                                 |  |  |
| 13.  | License tax overpayr              | nent (Part III, line 23)  |                  |           |   | Mail ret                 | urn with p   | ayment to:                        |   |                                 |  |  |
| 14.  | Income tax due                    |   |                  |           |   | Kentucl                  | ky Revenu    | e Cabinet, Frank                  | kfort, Kent                             | ucky 40620.                     |  |  |
| TΑ   | X PAYMENT SUN                     | /IMARY (Round to Near   | est Dollar) Make | e check(s | ) pa  | yable to <b>Ken</b> t    | tucky Sta    | te Treasurer.                     |   |                                 |  |  |
|  |                                   |   |                  |           |   |                          |              | Penalt                            | y                                       |                                 |  |  |
|  |                                   | la a a a a a  |                  |           |   |                          |              |                                   | 8.00                                    |                                 | i  |  |
|  |                                   | Income  |                  |           | j.  |                          | Interes      | st                                |   |                                 |  |  |
|  | 41A720001                         | L3 :***   |                  |           | TOTAL   |                          |              | 8.00                              |   | .ii                             |  |  |
|  | <b></b> _                         | License   | <u> </u>         |           |   | (Included) and Included) | ling Pena    | Ity                               |   |                                 |  |  |
|  |                                   | 0.000   |                  |           |   | anu in                   | (C) (C)      | 1                                 |   |                                 |  |  |

Form 720 (2000) Page 2

6. Did any corporation, individual, partnership, trust or asso-

ciation at any time during the taxable year own 50 percent

If "Yes," attach a schedule listing the name, address and

or more of the corporation's voting stock? ☐ Yes ☐ No

federal I.D. number of the entity.

## SCHEDULE Q—KENTUCKY CORPORATION QUESTIONNAIRE

**IMPORTANT:** Questions 4—12 must be completed by all corporations. If this is the corporation's initial return or if the corporation did not file a return under the same name and same federal I.D. number for the preceding year, questions 1, 2 and 3 must be answered. **Failure to do so may result in a request for a delinquent return.** 

|                                |   | 7.             | If the corporation has a KNOL for the taxable year and is electing to forego the net operating loss carryback period,   |  |  |  |  |
|--------------------------------|---|----------------|---|--|--|--|--|
| 1.                             | Indicate whether: (a) □ completely new business; (b) □ successor to previously existing business which was organized as: (1) □ corporation; (2) □ partnership; (3) □ sole proprietorship; or (4) □ other                      | 8.             | check here □.  Is the corporation a partner in a partnership doing business in Kentucky? □ Yes □ No  If "Yes," list name and federal I.D. number of the partnership   |  |  |  |  |
|                                | If successor to previously existing business, give name, address and federal I.D. number of the previous business organization.   | 9.             | Did the corporation have property or payroll in Kentucky, other than partnership property or payroll? ☐ Yes ☐ No Was this return prepared on: (a) ☐ cash basis, (b) ☐ accrual basis, (c) ☐ other  |  |  |  |  |
| 2.                             | List the following <i>Kentucky</i> account numbers. Enter N/A   | 10.            | Is the corporation a public service corporation subject to  |  |  |  |  |
|                                | for any number not applicable.  Employer Withholding  Sales and Use Tax Permit  Consumer Use Tax  Unemployment Insurance  Coal Severance and/or   | 11.            | taxation under KRS 136.120? ☐ Yes ☐ No  (a) Did the corporation file a Kentucky intangible property tax return for January 1, 2001? ☐ Yes ☐ No  (b) Did the corporation file a Kentucky tangible personal property tax return for January 1, 2001? ☐ Yes ☐ No   |  |  |  |  |
| 3.                             | Processing Tax  If a foreign corporation, enter the date qualified to do business in Kentucky / / /   | 12.            | Is the corporation currently under audit by the Internal Revenue Service?   Yes No If "Yes," enter years under audit  |  |  |  |  |
|                                | The corporation's books are in care of: (name and address)  Did the corporation at any time during the taxable year own 50 percent or more of the voting stock of another corporation, either domestic or foreign? □ Yes □ No |                | If the Internal Revenue Service has made final and unappealable adjustments to the corporation's taxable income which have not been reported to this Cabinet, check here □ and file Form 720X, Amended Kentucky Corporation Income Tax and Corporation License Tax Return, for each year adjusted and attach a copy of the final determination. |  |  |  |  |
| OFF                            | ICER INFORMATION (Failure to Provide Requested Information May  | v Result       | in a Penalty)   |  |  |  |  |
| Has<br>Pres                    | the officer information entered below changed from the last return fisident's Name:  sident's Home Address:   | iled?<br>Treas | ☐ Yes ☐ No urer's Name: urer's Home Address:  |  |  |  |  |
| Pres                           | sident's Social Security Number:  | Treas          | urer's Social Security Number:  |  |  |  |  |
| /ice President's Name:         |   |                | Secretary's Name:   |  |  |  |  |
| /ice President's Home Address: |   |                | tary's Home Address:  |  |  |  |  |
| /ice                           | e President's Social Security Number:   | Secre          | Secretary's Social Security Number:   |  |  |  |  |
|                                | e undersigned, declare under the penalties of perjury, that I have examined thes knowledge and belief, they are true, correct and complete.   | se returns,    | including all accompanying schedules and statements, and to the best of   |  |  |  |  |

41A7200023

Signature of principal officer or chief accounting officer Date